Community Engagement for Health System Change: Starting from Social Accountability

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The CIHLC is a consortium of the five partner Canadian universities (University of British Columbia, University of Toronto (UofT), the Northern School of Medicine, Queen’s University and Université Laval. For full membership of the CIHLC National Steering Committee, please see our website at: http://cihlc.ca/about-us/national-steering-committee/.
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Introduction

The Lancet Commission report on Education of Health Professionals for the 21st Century (Frenk et al., 2010) recommends developing leaders as enablers to move seamlessly between health education and practice. To lead collaboratively across boundaries requires new knowledge, skills and vision that extends beyond single profession perspectives (Browning, Torain, & Patterson, 2011; Denis, Lamothe, & Langley, 2001; Dickson et al., 2007; Norman et al., 2011). To prepare for leading through collaborative relationships, The Institute of Medicine (IOM, 2011) and the Josiah Macy Jr. Foundation (Macy, 2011) recommend embedding leadership-related competencies in curricula and enhancing leadership development at practice levels across healthcare settings. The IOM Global forum in 2012 took preliminary steps in this direction by selecting the Canadian Interprofessional Health Leadership Collaborative (CIHLC) as one of four global Innovation Collaboratives.

The CIHLC, a multi-institutional and interprofessional partnership, consists of the University of Toronto (lead organization), the University of British Columbia, the Northern Ontario School of Medicine (NOSM), Queen’s University, and Université Laval. The CIHLC sees collaborative leadership as essential to the transformation of health systems and to improved health outcomes for those served. The focus of the CIHLC was on the development, implementation, evaluation and dissemination of a collaborative health leadership education program for senior health care system leaders who are able to effect health system transformation.

The CIHLC focuses on the distinct and integrated concepts of collaborative leadership, and community engagement (CE) practices in the context of a deep commitment to social accountability (SA). This resource specifically supports change initiatives through the development, emergent enactment and continuous evaluation of, and adjustment to, the initiatives. Moreover, this resource is focused on strategies that support an organization’s mandate for SA. This resource is now being made available to others to support their transformational change initiatives.

Who Should Use This Resource

This resource can be used by anyone interested in or becoming involved with a socially-accountable, community-engaged transformative change initiative. Interested persons or groups may include:

- Representatives of a community (however community is defined);
- Patient / client representatives;
Partnerships between communities and institutional providers of health and social services, including leaders, administrators, managers and clinicians;

- Health care professionals;
- Representatives of educational and academic institutions;
- Health system managers and administrators;
- Networks that bring together communities (however defined), service providers, educators, and/or disciplines;
- Health system funders and policy makers; and
- Politicians.

How to Use This Resource

There are many available guides and tools (published and web-based) that detail established and emerging principles of, and practices in, conducting and supporting community-engaged transformative change initiatives. Many of these resources are specific to the health care environment. However, very few of these resources emphasize social accountability as the starting point for community-engaged initiatives. The definitions, processes and resources identified in this resource reflect the CIHLC’s focus on:

- System change in the health care sector, particularly in the context of meeting the health care delivery and education systems’ mandate for social accountability.
- The involvement of an identified priority community, with particular emphasis on the needs of those who are marginalized and disadvantaged.
- The development and support of deep and lasting relationships between the interdependent partners of health service providers, educational institutions and the community.
- The need for a collaborative approach to distributed leadership – that is, leadership that is shared by multiple people who lead together and separately, and where leadership shifts smoothly between people in response to specific needs as they arise.
- Emergent approaches to the evaluation of complex programs in complex environments.

This resource is not intended to describe all of the potentially relevant strategies for the identification, planning, execution and evaluation of projects or sustained and ongoing initiatives. Rather, it is meant to encourage the:

1. Review of the definitions and principles that relate to socially-accountable transformative change initiatives and the related
community engagement strategies/processes. This information provides a basis for understanding and the selective use of the available literature, strategies and tools.

2. Review of the following descriptions of some key characteristics of the concepts of collaborative leadership and decision-making, social accountability, community engagement, and emergent evaluation strategies. References to relevant literature and known frameworks or tools that provide additional support are also provided.

While this resource offers ideas and additional supportive resources that may seem to articulate a traditional, linear approach to planning and managing a transformative change initiative, it is important to realize that the change processes are emergent, cyclical and iterative, not linear. Most change initiatives are neither smooth nor predictable. Variables continue to emerge throughout a change process. Life is insistently lived and changes continue that are sensed and iteratively responded to by the (distributed) leaders and partners/stakeholders. In response, plans adapt and evolve, strategies are continuously shaped, even goals are adjusted as the transformative change initiative both endures and transforms.

**Collaborative Leadership and Decision-Making**

In the broadest sense, the term “collaborative leadership” is applied to diverse ways of leading through collaboration and it moves away from an “individual expert” model of leadership to one that seeks multiple perspectives for richer responses to complex questions or needs. This is considered to be a necessity in a world of increasing complexity and rapid change, where no one person or perspective could possibly understand or design the actions required for sustainable change.

*Source: Creede, 2013, p 4*

The CIHLC National Steering Committee (NSC) undertook an environmental scan aimed at establishing the definition and level of evidence related to collaborative leadership for health system change that included:

- A scoping literature review of scientific and gray literature on collaborative leadership for health systems change;
- Key informant interviews with senior Canadian thought leaders in interprofessional education, senior Canadian academics, hospital and government leaders, young leaders and students across the health
professions, and international thought leaders in health and in leadership;

- A review of literature on existing educational programs for the development of collaborative leaders in health care;
- A systematic review of non-peer reviewed literature to identify curricula for leadership development programs to identify existing programs for the development of collaborative leaders.

Based on these four data sources, the CIHLC NSC concluded that the health care system has become too complex for traditional leadership models, where a single individual leading or a single organization can independently make sense of or meet all the needs of its community. The influences that must be taken into account exceed what is possible for the perspectives of a single person, profession, organization or sector to identify and comprehend. These research streams point to collaborative leadership as a necessary development to meet the challenges of today’s health system (CIHLC, 2013).

The CIHLC NSC also found that collaborative leadership is a relatively new concept and, as such, not well developed or defined in the literature. However, across the four streams of research, certain common themes were identified that define the unique elements of collaborative leadership, including:

- Transformational leadership that drives system change;
- Co-creation of a shared vision;
- Consideration of diverse perspectives;
- Shared decision-making;
- Working within complex systems;
- Bridging across professions, organizations, sectors;
- Ongoing, adaptive practice;
- Appreciative inquiry;
- Generativity; and
- Social accountability.

Source: CIHLC, 2013

Other literature supports the relationship between collective reflection (especially under unfamiliar conditions) and collaborative leadership (e.g., Raelin, 2006). Raelin (2006) highlights four principles of collaborative leadership that call on leaders to be:

- **Concurrent** (i.e., more than one leader at a time; no one has to step down when others are contributing);
• **Collective** (i.e., leading together, working together for a common purpose; anyone can serve as leader);

• **Collaborative** (i.e., shared leadership – consecutive or synergistic; be sensitive to the views and feelings of others and consider others’ viewpoints as equally valid; everyone is responsible for the whole and can represent the whole through shared development of purpose, vision, goals and processes); and

• **Compassionate** (i.e., each member is valued regardless of background or social standing, and everyone is concerned with preserving the dignity of each individual).

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**Social Accountability**

Social accountability (SA) has been defined in a number of ways (Appendix A). The World Health Organization (WHO), for example, defined the **Social Accountability of Medical Schools** as:

> “The obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.”

*Source: Boelen & Heck, 1995*

Drawing on these definitions, the following statements can be made about SA:

• Health care, health services and educational institutions have a responsibility to be socially accountable (Boelen & Heck, 1995; THEnet, 2011). The Northern Ontario School of Medicine (NOSM) is the only medical school in Canada that was established with an explicit mandate for social accountability;

• Being socially accountable means directing activities to address the health priorities (or inequities) of their communities. There is a specific focus on those who are marginalized (Boelen & Heck, 1995; Sandhu et al., 2013; THEnet, 2011).

From an academic perspective, being socially accountable means that the research skills that partners/stakeholders possess, will match and focus on the current and emerging needs of the community that the organization or institution serves. This is a slightly different approach to the traditional view of scholarship in university settings that has focused more on academic freedom,
publication and generation of research funds. A socially accountable academic enterprise is focused on partnering and working together with communities to solve the very real and significant needs in the jurisdiction that it serves. Whatever the perspective, health care system or academia, two important elements of social accountability are:

- A collaborative approach to leadership and decision-making throughout the initiative, including identification, planning, execution and continued focus on the desired states; and
- The need for all parties (community partners/stakeholders) to build their own capacity as part of an initiative – that is, there is mutual benefit.

**Values Linked to Social Accountability**

The Training for Health Equity Network (THEnet, 2011) is globally recognized for its' operational model and evidence-informed social accountability evaluation framework for health professionals education. Six values underpin THEnet's framework and are linked to the basic principles of social accountability:

- **Equity:** The state in which opportunities for health gains are available to everyone. Health is a social product and a human right, and health equity (that is, the absence of systemic inequality across population groups) and social determinants of health should be considered in all aspects of education, research and service activities. This incorporates the principles of social justice, or redressing inequitable distribution of resources, and access to education;

- **Quality:** The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. These health services must be delivered in a way which optimally satisfies both professional standards and community expectations;

- **Relevance:** The degree to which the most important and locally relevant problems are tackled first. This incorporates the values of responsiveness to community needs. In addition, it incorporates the principle of cultural sensitivity and competency. Cultural competency is not seen as specific knowledge, attitudes and practices acquired, but rather a process of removing barriers to effective and open communication in the service of the patient;

- **Partnerships:** Partnership with all key stakeholders in developing, implementing and evaluating efforts is at the core of THEnet schools’ activities. It incorporates the values of mutual transformation, equipping students and faculty to be agents of change and open to be changed through their partnerships; and inter-professionalism, or a belief that all health professionals must respect each other’s knowledge
and culture and understand the role that each team member plays on the health care team;

- **Efficiency**: This involves producing the greatest impact on health with available resources targeted to address priority health needs and incorporates the principle of cost-effectiveness;

- **Identifying and Validating Community Health Needs** with the community (or communities).

**Source**: THEnet, 2011, p 10

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**Fostering a Culture of Social Accountability**

Social accountability is not achieved through an initiative/project or one-off effort. As described above, it is achieved through a change in the overall focus of an organization towards the needs of the underserved. Sandhu et al. (2013) at Queen’s University developed the AIDER model (Assess, Inquire, Deliver, Educate, Respond) to help physicians and medical institutions foster an organization that is socially accountable. The AIDER model provides a framework for identifying and engaging stakeholders/partners of underserved communities.

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**Community Engagement**

**What is a Community**

The definition below highlights that a member of a community:

- Can be a member by choice or by virtue of an innate characteristic;
- Has at least one common characteristic with other members;
- Can be a member of more than one community.

“In the context of engagement, “community” has been understood in two ways. It is sometimes used to refer to those who are affected by the health issues being addressed. This use recognizes that the community as defined in this way has historically been left out of health improvement efforts even though it is supposed to be the beneficiary of those efforts. On the other hand, “community” can be used in a more general way, illustrated by referring to stakeholders such as academics, public health professionals, and policy makers as communities. This use has the advantage of recognizing that every group has its own particular culture and norms and that anyone can take the lead in engagement efforts.

…”
What is Community Engagement

Community Engagement: A fundamentally relational, mutually beneficial practice based on shared values and aspirations and actualized in a range of engagement activities explicitly geared to local community (re)development and social justice outcomes. Members of a specific community and interdependent partners work together as “friends” to identify and develop new ways to resolve issues affecting the well-being and life experience of the members of that community.

Source: Adapted from Sutherland et al, 2004

The CIHLC identified the process of CE as a key strategy in the implementation of initiatives to fulfill the health system’s commitment to SA and transformative change. As noted in many of the resources available, CE is often considered to span “a continuum ranging from a low level to a high level of public participation, depending on the goal to be achieved” (EPIC, 2009) and includes a wide range of initiatives from providing only information to the public to fully collaborating on community-empowering efforts.
Principles of Community Engagement in a Social Accountability Context

The CIHLC describes socially accountable community engagement as having:

- **Mutual benefit.** CE results in changes or outcomes that are mutually beneficial. All parties (the researcher, the health care organization and the community members) stand to benefit from the initiative (Jones & Wells, 2007; Carnegie, 2015 Classification) (see Figure 1);

- **Shared power.** Community participants (partners and non-partners with mutual interests) must be equals with researchers and health care providers (Rifkin, 1986). Just as the benefits are shared, so is the power (e.g., decision-making) within the relationship;

- **Collaboration and non-hierarchical partnerships.** The partnerships in CE do not necessarily progress linearly. Roles within the partnerships (e.g., leadership) may fluctuate depending on the situational circumstances, and roles may be shared by more than one person;

- **Interdependent relationships.** The researcher or health care providers cannot achieve the desired outcomes without the participation of the community; nor can the community achieve the desired outcome without the assistance of the researcher or health care providers. This interdependence is acknowledged by all participating parties;

- **Contextual or situational awareness.** The situations and context for a CE initiative can range from relatively simple (e.g., to improve diabetes care in a neighborhood) to extremely complex (e.g., new approaches to primary care in a broad area), involving few or many stakeholders. The approach to CE must reflect this context.

Stated another way, CE in a social accountability context is:

- About inclusivity, multiple perspectives, and multi-directional engagement in building relationships and social networking;

- A way of thinking, not a one-off project/initiative (Jordan, 2007). CE can be defined by inclusion and diversity, listening and learning, transparency and trust, impact and action, sustained participation and democratic culture. It is not a one-size-fits-all approach;

- Not for the *purpose* of generating social capital, even though social capital may be generated.
For successful CE in this context, the investment in partnerships works toward a shared vision where partners (defined as community and its members):

- Recognize, respect, and value the knowledge and perspectives that each brings;
- Understand and acknowledge the interdependence of, and benefit to, all partners;
- Commit to building the capability and capacity of individuals, organizations, and communities; and
- Aim to mobilize resources (e.g., human, physical, technical, and financial) and serve as a catalyst for changing policies, programs, and practices around issues of public concern.

*Figure 1: Convergence of Mutual Benefit in a Relational Community Engagement Initiative*
An important element of SA and CE is the concept of mutual benefit, and one important benefit for all parties is building capacity. Building capacity is described as “a process that improves the ability of a person, group, organization or system to meet its objectives or to perform better” (LaFond et al., 2002, p 5). Resources, knowledge, and skills above and beyond those that have already been brought to a particular problem are required before individuals and organizations can gain control and influence and become collaborative leaders, active participants and partners in community health decision-making and action (Fawcett et al., 1995). Participation in CE efforts offers people the possibility of acquiring and developing the resources and skills needed to build capacity. The development of effective partnerships brings together multiple perspectives to address community health and capacity building. To function successfully, partnerships depend on the careful orchestration of a collaborative culture and the facilitation of collective action (Kendall et al., 2012).

Involving a community in a CE initiative often results in new knowledge, new ways of working together, and new ways of learning together as an investment for better and healthier communities. New knowledge can be created through scientific research (e.g., that defines well-regarded practices that can inform change strategies) and socially constructed new knowledge (e.g., knowledge generated in the context of ongoing relationships and reflection on current practices, while making sense of our experiences). In a socially accountable initiative, there is an effective inclusion of both socially constructed knowledge and traditional scientific or clinical knowledge. Practice-based evidence is valued equally with evidence-based practice (Gabbay & LeMay, 2011).

Accordingly, a successful CE initiative brings all levels of skill, prior knowledge and experience, resources, and intellectual capital into the community to:

- Build everyone’s capacity, not just the capacity of one party or the other;
- Enrich and strengthen scholarship, research, and creative activity;
- Enhance curriculum, teaching, and learning; and
- Strengthen democratic values including civic responsibility.
Emergent Evaluation Methodologies

Evaluation is not a task that is completed at the end of any initiative. Ideally, evaluation methodology is determined as part of the initial planning process of any initiative/project, and forms an integral part of the planning and execution processes. The evaluation process can inform the design and will undoubtedly, with an appropriate evaluation methodology, lead to changes throughout the implementation process.

Innovative initiatives are often constantly changing as they are developed and adapted in what might be a changing and unpredictable environment (Gamble, 2008). Because of the potentially very complex nature and contextual sensitivities of CE initiatives, the measurement of the effects of SA interventions is particularly challenging. Often, traditional formative and summative evaluation approaches are not appropriate for CE initiatives.

Two emerging methodologies that are identified as having potential for CE initiatives include Developmental Evaluation (DE) (Patton, 2004), and Realist Evaluation (RE) (Pawson et al., 2004). These two approaches:

- Consider the influence of contextual factors in the evaluation;
- Acknowledge that the path and destination are evolving and are flexible enough to work within this uncertainty;
- Seek to discover the implications of the evolving context for emergent design change processes;
- Are designed in a way that can surface needed policy reform.

With emergent evaluation methodologies, evaluation is not left to the end of an initiative i.e., focus on pre-determined goals or outcomes. Rather, emergent evaluation methodologies are part of the initiative design and process throughout and “support innovation development to guide adaptations to emergent and dynamic realities in complex environments” (Patton, 2004, p 1).

No literature was identified comparing these two approaches. The table on page 13 shows a brief comparison of traditional, developmental and realist evaluation based on the available literature describing these approaches.
## Comparison of Evaluation Approaches

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<th>Traditional</th>
<th>Developmental</th>
<th>Realist</th>
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<tr>
<td><strong>Purpose</strong></td>
<td>Validate a model or hypothesis; accountability</td>
<td>Help develop and adapt the project (rather than validating the approach)</td>
<td>Answer “what works for whom in what circumstances and in what respects, and how?” Emphasis on understanding the interdependencies of content-mechanism-outcome (CMO)</td>
</tr>
<tr>
<td><strong>Situation</strong></td>
<td>Stable, goal oriented, predictable</td>
<td>Complex, dynamic, changing</td>
<td>Complex, dynamic, changing, start up</td>
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<tr>
<td><strong>Mind set</strong></td>
<td>Effectiveness, impact, compliance</td>
<td>Innovations in early stages, emergent situations, learning</td>
<td>Exploring unexplained outcomes and/or impacts on subpopulations</td>
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<tr>
<td><strong>Measurement</strong></td>
<td>Based on predetermined indicators</td>
<td>Based on emergent indicators</td>
<td>Examines the relationship between context, mechanisms and outcomes as an explanatory model</td>
</tr>
<tr>
<td><strong>Evaluation methods</strong></td>
<td>Emphasis on randomized controlled trials</td>
<td>Emphasis on how outcomes change</td>
<td>Emphasis on how outcomes change, for whom, under what circumstances, and in what respects</td>
</tr>
<tr>
<td><strong>Evaluator</strong></td>
<td>Typically outside the team</td>
<td>Is integrated into the team</td>
<td>Can be part of or outside the team</td>
</tr>
<tr>
<td><strong>Target of the change</strong></td>
<td>Depends on project</td>
<td>System</td>
<td>Individuals, individual mechanisms</td>
</tr>
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*Source: Adapted from Patton, 2011 and expanded to include realist evaluation.*
Developmental Evaluation

Development evaluation (DE), pioneered by Michael Quinn Patton, is defined as:

... evaluation processes and activities that support program, project, product, personnel and/or organizational development (usually the latter). The evaluator is part of a team whose members collaborate to conceptualize, design, and test new approaches in a long-term, on-going process of continuous improvement, adaptation, and intentional change. The evaluator’s primary function in the team is to elucidate team discussions with evaluative data and logic, and to facilitate data-based decision-making in the developmental process.

Source: Patton, 1994, p 317

This emergent evaluation methodology is uniquely suited to articulating, implementing, and continuing to evaluate adaptations that emerge in response to ongoing changes in the environment. General principles that have been effective in one circumstance are adapted to suit the needs of another similar but, nevertheless, unique context, thus responding rapidly to sudden or unexpected change in the conditions of an initiative.

The DE approach has the following defining characteristics:

- **Adaptation and change.** The methodology recognizes that programs are changing, and these changing conditions create a complex environment in which linear evaluation methodologies are a poor fit. The purpose of development evaluation is more about assisting the partnerships to develop and adapt the project approach, not just validating the approach (Fagen, 2011). The emphasis is on adaptive learning rather than accounting to an external authority (Dozois, 2010);

- **Innovation and learning.** Ongoing, continuous improvement is a key focus of developmental evaluation (Fagen, 2011; Dozois, 2010). Development is about creative thinking (Gamble, 2008);

- **Context is considered.** In traditional evaluation methodologies, context can be treated as noise to be controlled or ignored. Development evaluation explicit considers these contextual variables (Fagen, 2011);

- **Integrated evaluator role.** The evaluator, rather than being an outsider, is a “critical friend” who engages ongoing evaluation discussions with the project team (Fagen, 2011; Dozois, 2010; Gamble, 2008);

- **Flexibility.** New measures and monitoring mechanisms are developed as the understanding of the situation deepens (Dozois, 2010). Both the
path (how a CE initiative is unfolding) and the destination (what the partners want to achieve) are evolving (Gamble, 2008).

The J.W. McConnell Family Foundation, in collaboration with Patton and other partners, has been instrumental in creating and using DE to identify, test and share new approaches to addressing entrenched social challenges facing Canadians. Their work has generated the following key learnings:

- “‘Scaling’ innovations is not about growing programs or organizations, but about increasing their impact in ways that are appropriate to different contexts;
- Even successful projects can rarely be ‘duplicated’; what is required is a deep knowledge of what works - and why - so that the essence can be preserved while allowing for flexibility and adaptation to different circumstances;
- The notion of ‘best practices’ or templates for success stifles innovation. ‘Next practice’ better describes an approach based on continuous observation and adaptation;
- Conventional evaluation methods, which test outcomes against set objectives, can stifle innovation, which requires risk, experimentation, freedom to fail and the chance to learn from failure and the unexpected;
- The Foundation participated in the creation of Developmental Evaluation: balancing creative and critical thinking in guiding and assessing innovation;
- While the term ‘social innovation’ has spread quickly, along with notions of complex adaptive systems and related concepts, it is not clear that its use is leading to or associated with transformational change;
- The Foundation has learned that collaboration across sectors requires concerted effort to overcome differing organizational norms and values. It requires a commitment to social learning that includes the ability to adapt one’s own viewpoints and practices.”

Source: J.W. McConnell Foundation website, 2014

DE is particularly useful for the following types of initiatives:

- Innovations in early stages (Fagen, 2011; Patton, 2011), emergent situations (Dozois, 2010) early stage social innovations (Gamble, 2008);
- Changing or particularly complex environments (Fagen, 2011; Dozois, 2010; Gamble, 2008);
- Organizational learning is emphasized (Fagen, 2011; Dozois, 2010), often in real time (Dozois, 2010);
• Systems (not individuals) are the target of the change (Fagen, 2011) with multiple stakeholders (Patton, 2008). The project is socially complex (Dozois, 2010).

Realist Evaluation

Realist synthesis is an approach to reviewing research evidence on complex social interventions, which provides an explanatory analysis of how and why they work (or don’t work) in particular contexts or settings.

Source: Pawson et al., 2004, p iv

It seeks not to judge but to explain, and is driven by the question ‘What works, for whom, in what circumstances, and in what respects?’

Source: Pawson & Tilley, 2004, p 36

While the realist emergent evaluation methodology is similar in many ways to DE, it has a unique emphasis on discovering the mechanism by which aspects of an initiative are successful, for whom and in what circumstances. Like the DE methodology, RE is initiated at the beginning of the planning process and concurrently informs ongoing adaptations. Realist evaluation is built on how the methodology views the nature of programs. Specifically, RE regards programs as sophisticated social interventions introduced into a complex social reality (Pawson et al., 2004). A socially complex program (or intervention) has the following characteristics in RE:

• **Programs are theories.** Programs are initiated when someone develops an idea (i.e., a theory) of how to create change in existing patterns (e.g., inequalities of social conditions, unhealthy lifestyles). The effectiveness of any given program depends on the efficacy of the underlying theories (Pawson & Tilley, 2004);

• **Programs are embedded.** Programs are delivered within social systems by the actions of people, and changes in behaviours, events, or social conditions are affected through the system of social relationships (Pawson & Tilley, 2004);

• **Programs are active.** The effects of any introduced program are generally dependent on the active engagement of individuals within the system. Accordingly, an understanding of the program participants is essential to the evaluation process (Pawson & Tilley, 2004);
• Programs are open systems. Programs are subject to unanticipated events and changes that will affect the program outcomes. Realist evaluation assumes that the interventions (e.g., programs) can change the initial conditions within the system (Pawson & Tilley, 2004). Programs can be changed during implementation as more is learned about the mechanisms and outcomes (Pawson et al., 2004).

The RE approach has the following defining characteristics:

• Explanatory quest. The realist evaluation asks not “What works?” but rather “What works for whom in what circumstances and in what respects, and how?” (Pawson & Tilley, 2004). It is an iterative process of building explanations for observed outcomes (Wong et al., 2012);

• Tentative and fallible findings. Findings tend to address individual mechanisms rather than whole programs (Pawson et al., 2004);

• Importance of stakeholders. Program development and delivery depend very much on the stakeholders (Pawson et al., 2004).

Wong et al. (2004) suggest the following situations where RE methodology might be best used in an academic situation e.g., medical education research:

• Randomized control trials have provided inconsistent results;
• There is a desire to target a particular subgroup with a broadly accepted intervention;
• Existing research provides rich qualitative data, but no data that lends itself well to statistical analysis;
• New interventions are being trialed to determine the impact on subpopulations;
• Changes are introduced that may alter the pattern of context, mechanism and outcomes; and
• Unexplained changes in outcomes are observed.

Developmental and Realist Evaluation

Both developmental and realist evaluation methods are emerging approaches to the evaluation of complex interventions/programs in complex situations. These two approaches have much more than this in common, for example, both:

• Consider the influence of contextual factors in the evaluation;
• Acknowledge that the path and destination are evolving and are flexible enough to work within this uncertainty; and
• Seek to discover the implications of the evolving context for emergent design change processes.
Concluding Comment

We end here, not because the subject has been covered exhaustively or to imply socially accountable community engagement begins with identifying needs, builds the collaborative mechanisms, finds and implements a solution, and evaluates the results. We end here because evaluation is where we need to start. We encourage the reader to incorporate evaluation in a developmental way – in a way that allows the early and ongoing evaluation of your engagement to inform, adjust, adapt, and initiate the journey forward. We end here, because the beginning, the middle and the end remain wrapped together in mutually beneficial, iterative, and collaborative processes that are sustained over time and make a difference – but of course not always the difference you set out to make or to expect.

Socially accountable, community-engaged initiatives are most important when the issues they are addressing are complex, relevant and meaningful to the interdependent partners engaged in seeking a better way forward. There will be near-misses and efforts that completely miss the mark, alongside achievements that no one would have dreamed possible. Learn from both and continue to seek to support communities where human dignity and compassion thrive and where all citizens enjoy the freedoms and privileges, the possible life that is too often denied to so many. It will take time – together we can make a difference.
Full references for published articles and web addresses for web-based materials (where available) are provided below. The web addresses were valid as of March 31, 2014.

**Social Accountability**


Community Engagement


Fraser Health Authority (2009). Community Engagement Framework


Wallerstein, N., & Duran, B. (2010). Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to

**Collaborative Leadership**


CDC/ATSDR Committee on Community Engagement; Centers for Disease Control and Prevention (U.S.); Public Health Practice Program Office. Principles of Community Engagement. Atlanta, Ga: Centers for Disease Control and Prevention, Public Health Practice Program Office; 1997.


**Capacity Building**


**Developmental Evaluation**


**Realist Evaluation**


Appendix A: Additional Definitions

Community Engagement

**Definition 1:** “the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being” (CDC/ATSDR, 1997).

**Definition 2:** The CDC/ATSDR Committee for Community Engagement developed a working definition of community engagement. Loosely defined, community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices (Fawcett et al., 1995).

**Definition 3:** ‘Community engagement' is therefore a planned process with the specific purpose of working with identified groups of people, whether they are connected by geographic location, special interest, or affiliation or identify to address issues affecting their well-being (Queensland, 2001).

**Definition 4:** Community participation or engagement may be defined as the process of 'working collaboratively with relevant partners who share common goals and interests' or 'working collaboratively with and for groups of people affiliated by geographical proximity, special interest, or similar situations to address issues affecting the well-being of those people'. Community engagement requires the development of partnerships with local stakeholders, involving them in assessing local health problems, determining the value of research, planning, conducting and overseeing research, and integrating research into the health care system (Jones and Wells, 2007).

**Definition 5:** A planned process with the specific purpose of working with identified groups of people, whether they are connected by geographic location, special interest or affiliation, to address issues affecting their well-being. Linking the term ‘community’ to ‘engagement’ serves to broaden the scope, shifting the focus from the individual to the collective, with associated implications for inclusiveness, to ensure consideration is given to the diversity that exists within any community (State of Victoria, 2005).

**Definition 6:** Community engagement is “collaboration between institutions of higher education and their larger communities (local, regional, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity” (Carnegie Foundation, 2015 Classification).

**Definition 7:** Community-engaged scholarship integrates engagement with the community into research and teaching activities (broadly defined). Engagement is a feature of these scholarly activities, not a separate activity. Service implies offering one’s expertise and effort to the institution, the discipline or the community, but it lacks the core qualities of scholarship (Jordan, 2007).
Definition 8: “a revitalised emphasis on building institutional bridges between governmental leaders and citizenry, often termed ‘community engagement’” (Head, 2007).

Definition 9: “community engagement is a multi-level concept, ranging from engagement in policy development, through partnerships with agencies and consumers to plan and deliver local services, to individual engagement with programs” (Kilpatrick, 2009).

Social Accountability

Definition 1: “Social accountability for medical schools is the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve” (Boelen & Heck, 1995).

Definition 2: An institutional responsibility to orient teaching, research and service activities to addressing priority health needs with a particular focus on the medically underserved (THEnet, 2011).

Definition 3: Social accountability (also called citizen-driven accountability or bottom-up accountability) refers to the strategies, processes or interventions whereby citizens voice their views on the quality of services or the performance of service providers or policy makers who, in turn, are asked to respond to citizens and account for their actions and decisions (Lodenstein et al., 2013).

Definition 4: WHO has defined the Social Accountability of Medical Schools as “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public” (Public Works and Government Services Canada, 2001).

Definition 5: Social Accountability is a contested concept, with no universally agreed definition of the range of actions that fall within its remit (see Joshi and Houtzager 2012). It is not this paper’s purpose to enter into this debate but instead to take a relatively broad view. Social accountability can be understood as an approach for improving public accountability that relies on the actions of citizens and non-state actors. One definition is: “... the broad range of actions and mechanisms beyond voting that citizens can use to hold the state to account, as well as actions on the part of government, civil society, media and other societal actors that promote or facilitate these efforts.” (Malena and McNeil 2010: 1) (From O’Meally, 2013).
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